"On the Discovery of a Species of Trypanosoma in the Cerebro-Spinal Fluid of Cases of Sleeping Sickness." By Aldo CASTELLANI, M.D. Communicated by the Malaria Committee of the Royal Society. Dated "Entebbe, Uganda, 5th April, 1903." Received May 8.—Read May 14, 1903.

On the 12th November, 1902, when examining a specimen of cerebro-spinal fluid taken by lumbar puncture during life from a wellmarked case of sleeping sickness, I was surprised to observe a living trypanosoma. Since that date I have made as many observations in this direction as possible, and the results are to my mind sufficiently surprising to excuse me for presenting this preliminary note.

These trypanosomes are not in large numbers, so that to find them it is necessary to draw off at least 15 c.cs. of the cerebro-spinal fluid. It is better to reject the first few c.cs. as they are apt to contain blood. When the fluid comes away clear, 10 c.cs. are collected and centrifuged for 15 minutes. At the end of this time there is found at the bottom of the tube a slight deposit of whitish sediment, and in some cases also a minute trace of blood.

The liquid above the sediment is poured off and the sediment examined under a moderately low power of the microscope. trypanosomes are at first fairly active they are easily detected.

The following tables represent the results of this investigation:

Table I.—Sleeping Sickness Cases.

Remarks.				Patient died on December 18, 1902. No complications. In fluid from	iae, velle, 1.ryp. present.		In fresh preparations of blood taken from a finger the same day I found a few trypanosomes apparently similar to those found in the lumbar puncture liquid, only their movements were	
Presence of trypanosoma in cerebro- spinal fluid.	Present	Absent	Absent	Present	Absent	Absent	Present	Absent Absent
Microscopic appearance of sediment.	A few leucocytes, the majority of which are mononuclear. Some very rare red blood	Some few leucocytes	Some leucocytes. No	A few leucocytes. Very few R.B.C.	A few leucocytes. Very few B.B.C.	Some leucocytes and	Some letocytes. No R.B.C.	Few leucocytes and some R.B.C. Some leucocytes and very few R.B.C.
Stage of disease.	3rd	3rd	3rd	3rd	2nd	3rd	3rd	9rd ••
Date.	12/11/02	25/11/02	7/12/02	15/12/02	15/12/02	15/12/02	22/12/02	5/1/03
Age.	10	18	25	10	22	œ	10	50
7/2 7/2	M	M.	M.	54	Fi	Ä	M.	M.
Name.	Mundo	Maoli	Aritzo	Manika	Ialika	Asmeni	Bolenti	A
No.	Н	જા	en	4	10	9	Þ	œ

Table I —Sleeping Sickness Cases—continued.

					August Company								etter sale of more than
Remarks.													
Presence of trypanosoma in cerebrospinal fluid.	Present	Absent	Absent	Absent	Present	Present	Absent	Absent	Absent	Absent	Absent	Present	Absent Absent Absent
Microscopic appearance of sediment.	Some leucocytes. No	A few leucocytes and	Some leucocytes and	A few leucocytes and	Some leucocytes and very few R.B.C.	Some leucocytes and	Few leucocytes and	Some leucocytes and R.B.C.	Very scarce leucocytes and no R.B.C.	Few leucocytes and	Few leucocytes and B. B.C.	Some leucocytes and a	No R.B.C Some R.B.C Some R.B.C
Stage of disease.	3rd	2nd	3rd	2md	2nd	•	Lst	2nd	2nd	:	•	:	1st 1st
Date.	25/1/03	25/1/03	2/2/03	10/2/03	27/2/03	2/3/03	27/2/03	24/3/03	27/2/03	4/3/03	26/3/03	1/4/03	24/3/03 28/3/03 1/4/03
Age.	25	14	90	30	22		30		18	The state of	141 V/814 4		22
Sex.	Ĕ	M.	M.	M.	M.		ξĠ		E.				E.
Name.	Makassa	Kaperi II	Ally II	Mocreza	Budara		Nombi		Fatoma				Zenabu
No.	6	10	11	12	13		14		15				16

Table I.—Sleeping Sickness Cases—continued,

Remarks,				-			The trypanosomes were much more	numerous than in other cases.		
Presence of trypanosoma in cerebro- spinal fluid.	Absent Absent	Absent	Present	Present	Present Present	Present Present Absent	$\begin{array}{c} Absent \\ Present \end{array}$	Present	Present	Present Present
Microscopic appearance of sediment.	Some few leucocytes and	Some few leucocytes and B. B. C.	Few leucocytes and	Few leucocytes and	Some leucocytes. No	No R.B.C. No R.B.C. Some leucocytes. No	R.B.C. Some leucocytes. No	Few leucocytes. No	Some leucocytes. No	K.B.C. Some leucocytes and B.B.C.
Stage of disense.	2nd	:	2nd	2nd	2nd 3rd	3rd 2nd	9րд	2nd	3rd	2nd
Date.	25/3/03 28/3/03	29/8/03	25/3/03	27/8/03	26/3/03 26/3/03	26/3/03 26/3/03 27/3/03	$\frac{1/4/03}{28/3/03}$	27/3/03	27/3/03	28/3/03 28/3/03
Age.	20		25		25 55	: 21 18	202	40	35	20 20
Sex.	M.		M.		M.	K.E.K	M.	M.	æ	K.
Name.	Benjamin	alaman i da di Palaman di Angara di Palaman	Zakibu		Seera Kimbra	Abdulla Kagoya Keogaffum	Jacobo	Iegobaza	Ibsarara	Leobeni Kidorme
No.	17		18		19 08	21. 22. 23.	63 44	25	56	28

Table I.—Sleeping Sickness Cases—continued.

		***************************************		************				more recovered	
Remarks.			Only 5 c.c. of liquid collected.			Trypanosoma present also in the fluid taken from lateral vent. at	the $post$ -mortem.		
Presence of trypanosoma in cerebrospinal fluid.		Absent	Absent	Absent	Present	Present	Absent	Absent	Present
	and	and	and	and	and	:		and	and
Microscopic appearance of sediment,	Some leucocytes and R.B.C.	Some leucocytes	Some leucocytes	Some leucocytes and	Some leucocytes and	No. R.B.C.	Few leucocytes R.B.C.	Few leucocytes B.B.C.	Few lencocytes R.B.C.
Stage of disease.	3rd	3rd	2nd	2nd	2nd	3rd		2nd	2nd
Date.	28/3/03	1/4/03	28/3/03	2/4/03	29 3/03	23/3/03	29/3/03	2/4/03	31/3/03
Age.	55		25		10	œ	58		25
Sex.	M.		M.	new years or Alba	M.	M.	M.	-	M.
Name.	Keagabidoia	and the second second	Kitaroma		Waiswa	Kaperi I	Matasa		Decodeno
No.	53		30		31	32	89		54

Table II.—Controls.

Microscopic of sediment. The parameter of sediment. The pand R.B.C. The	
mi- ni- ni- appearance of sediment. Very few leucocytes and R.B.C. Tew leucocytes and R.B.C. Few leucocytes and R.B.C. Few leucocytes and R.B.C. Very few leucocytes	the same morning.
of nds	
ephri- ma mt of glands ma	and K.B.C.
Disease. Chronic nephritis Trypanosoma fever femoral glands fever Cellulitis Itch Trypanosoma Headache Trypanosoma Trypanosoma Trypanosoma	rever.
Date. 11/1/03 24/3/03 24/3/03 24/3/03 30/3/03 30/3/03 30/3/03 30/3/03 30/3/03 31/3/03 31/3/03	
Age. : : 35 : 36 : 12 : 37 : 38 : 39 : 39 : 39 : 39 : 39 : 39 : 39	
Sex. M. M. M. H.	
Name. Doanira Kano Buringo Landu Kamsuro Zake Scongo Pio Kaperi III Eliza Bofralour Zanabu II Jordien Murjan	
No. 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

1903.

Table I shows that in 34 cases of sleeping sickness, the trypanosomes were found in the cerebro-spinal fluid taken by lumbar puncture during life in 20 cases, giving a rate of 70 per cent.

On two occasions I also examined in the same way fluid from the lateral ventricles and in both cases found the same parasite. In blood I found the trypanosoma once with certainty.

It may be thought that the trypanosomes are found in the cerebrospinal fluid on account of the trace of blood which sometimes forms part of the sediment. But it will be seen from the table that in several cases there was no trace of blood.

Table II shows that in 12 cases of ordinary disease, the cerebro-spinal fluid taken during life by lumbar puncture, in no case contained trypanosoma, and it is important to note that 3 of these controls were cases of the usual trypanosoma fever, as described by Forde, Dutton, Manson, Daniels, &c.

Here it may be remarked that trypanosoma fever is by no means uncommon among the natives in Uganda, 3 cases having been met with, by Dr. Baker, one of the colonial surgeons here (Entebbe), within the last 3 weeks. I understand that Dr. Baker is publishing this most interesting observation. It must be clearly understood that these cases of trypanosoma fever bear no resemblance in their clinical features to sleeping sickness.

The trypanosoma found in the cerebro-spinal fluid of sleeping sickness does not as far as I have been able to make out differ materially in size and shape from the species one finds in the blood of trypanosoma fever, Trypanosoma Gambiense (Dutton), but possibly it is to be differentiated from this one, because in it, as a rule, the micro-nucleus lies nearer the extremity and the vacuole is apparently larger. Besides, its movements are not apparently so active, but this fact might be due to the effects of the centrifuge. In case it should prove to be a new species, the trypanosoma I have described might be called from the country where I have found it first—Trypanosoma Ugandense.

Relation of the Trypanosoma to Sleeping Sickness.

At the post-mortem examination of 80 per cent. of the cases where I found during life the trypanosoma, I grew from the blood of the heart and from the liquid of the lateral ventricles the variety of streptococcus I described many months ago in my first note. Up to that time I had never found the trypanosoma, but this is easily explained by the fact that I did not use the technique I have described in this note, viz., examination of a large quantity of liquid after long use of the centrifuge.

Influenced by my last investigations I would suggest as a working hypothesis on which to base further investigation that sleeping sickness

is due to the species of trypanosoma I have found in the cerebro-spinal fluid of the patients in this disease, and that at least in the last stages there is a concomitant streptococcus infection which plays a certain part in the course of the disease.

Note by the Secretary of the Royal Society.

As so far supporting the observations by Dr. Castellani recorded in the above communication, it may be desirable to state that Colonel Bruce, to whom in Uganda Dr. Castellani made known his discovery of the Trypanosoma, and who is now continuing the investigation begun by Dr. Castellani, has sent to the Royal Society a telegram, received May 4, stating that since Dr. Castellani left, in thirty-eight cases of sleeping sickness, he had found trypanosoma in every case in fluid obtained by lumbar puncture, and that he had found trypanosoma in the blood in twelve out of thirteen cases of sleeping sickness.

MICHAEL FOSTER.